



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., # 902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			same
MAILING ADDRESS (Street)			FAX
same			same
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Bayer Corporation		203-812-3804
MAILING ADDRESS (Street)		FAX
400 Morgan Lane		203-812-6570
(City)	(State)	(Zip Code)
West Haven	Connecticut	06516
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elizabeth Bartz, President		330-761-9960
MAILING ADDRESS (Street)		FAX
State and Federal Communications Inc. 80 South Summit Street, # 100		330-761-9965
(City)	(State)	(Zip Code)
Akron	OH	44308

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

☒ Human ServicesScience, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

☒ Consumer Protection &  
Commerce

Hawaiian Affairs

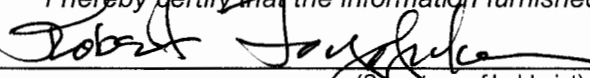

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation☒ HealthPlanning, Land & Water  
Use Management☒ Other: (indicate below)pharmaceuticalsEcology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*  
(Signature of Lobbyist) 1-6-05  
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Sandra Oliver

Director, State Government Affairs

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Bayer Corporation

203-812-3804

MAILING ADDRESS (Street)

FAX

400 Morgan Lane

203-812-6570

(City)

(State)

(Zip Code)

West Haven

CT

06516

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

(Date)

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Labor &amp; Employment

Transportation

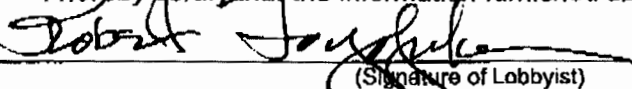
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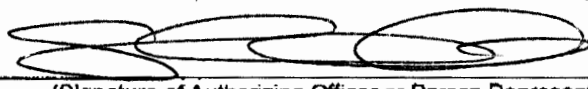
(State)

CT

(Zip Code)

06516

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(Signature of Authorizing Officer or Person Represented)

(Date)

1/7/05